FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1													
	(See instructions)						Office use only						
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ng, type	12F	E4M	5					
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2. DATE 0	M / D D / Y	Ž 0 0 8 Y											
3. FEC IDENTIFIC	ATION NUMBER		C COO	410118									
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMENI	DED (A)								
I certify that I have exar	nined this Statement and		_	d belief it is tr	ue, correct a	nd comp	lete						
Type or Print Name o	f Treasurer	lonathan F. Grah	nam										
Signature of Treasure	er Electronically File	d by Jonathan	F. Grah	am		Date	0	7 /	15	/ Y	ý 2 0	8 0 8	
NOTE: Submission of t	alse, erroneous, or incon	nplete information may	-		_		•		of 2 U.S.C	S437g	L,		
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